

Name: Herkimer County Community College - Science Lab [A035]

FOR OFFICE USE ONLY

Recd
Code A035

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
LABORATORY ANIMAL WELFARE PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Name: Herkimer County Community College - Science Lab	
Address 1: Reservoir Rd. - Johnson Hall, Rm. 242	
Address 2:	
City, State, Zipcode: Herkimer, NY 13350	
County: Herkimer	
Telephone Number: 315-866-0300	
Fax Number: 315-866-7253	
E-mail Address: rileyns@herkimer.edu	

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:

- ☐ Corporation ☒ Government ☐ Individual ☐ Not For Profit ☐ Partnership
☐ Other: _____

Facility Type:

- ☒ 2 Year College ☐ 4 Year College ☐ Clinical or Environmental Lab
☐ Hospital ☐ Medical School ☐ Product Testing Lab
☐ Public Health Lab ☐ Research & Development Lab ☐ Veterinary School
☐ Other: _____

SECTION II - PROGRAM INFORMATION

Animals (Check all that apply):

- | | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus) | <input type="checkbox"/> Hamsters | <input checked="" type="checkbox"/> Fish | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other) | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Cats | <input type="checkbox"/> Cattle |
| <input type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits | <input type="checkbox"/> Dogs | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Rats (wild or other) | <input type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Other: _____ | | | |

Are you currently housing live animals at your institution? ☐ Yes ☒ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?* ☐ Yes ☒ No

*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

Living animals are used for (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Diagnostic Procedures | <input checked="" type="checkbox"/> Education/Teaching Demonstrations |
| <input type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production |
| <input type="checkbox"/> Public Display | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____ | |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

Registration/Accreditation Type:

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> AAALAC Accredited | <input checked="" type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | |

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Laboratory/Institution Person In Charge (Name): McDonald, William	
Title: Associate Dean	
Telephone Number: 315-866-0300	
Work Hours: MON: 8:00 am to 4:00 pm TUE: 8:00 am to 4:00 pm WED: 8:00 am to 4:00 pm THU: 8:00 am to 4:00 pm FRI: 8:00 am to 4:00 pm to to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Chuff, Nicholas	
Title: Veterinarian	
Telephone Number: 315-894-9923	
Work Name/Address (if different from laboratory/institution): 2717 State Route 51 Ilion, NY 13357	
Work Hours: MON: 9:00 am to 5:00 pm TUE: 9:00 am to 7:30 pm WED: 2:00 pm to 4:00 pm THU: 2:00 pm to 7:30 pm FRI: 9:00 am to 5:00 pm SAT: 9:00 am to 11:00 am to	Work Hours: Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE	
Contact Person (Name): Riley, Nathan					
Title: Lab Technical Assistant					
Telephone Number: 315-866-0300					
Work Hours:				Work Hours:	
MON:	7:30 am	to	3:30 pm	Mon:	to
TUE:	7:30 am	to	3:30 pm	Tue:	to
WED:	7:30 am	to	3:30 pm	Wed:	to
THU:	7:30 am	to	3:30 pm	Thu:	to
FRI:	7:30 am	to	3:30 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

- ☐ Attach a list of all full-time and part-time animal care staff which includes the following information: Name, Full-Time or Part-Time, Title and Education Level (Highest).

☒ No additional staff.

SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.

Signature, Laboratory/Institutional Officer

Associate Dean of Academic Affairs
Title

11/20/90
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

FIELDS	NEW SITE DATA
Site Name:	
Address 1:	
Address 2:	
City, State, Zipcode:	
Site Telephone Number:	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name):	

LABORATORY ANIMAL ADVISORY BOARD

(S. Mezik-chair, N. McDaniels, N. Riley)

	<u>INITIAL APPT.</u>	<u>REAPPT.</u>	<u>TERM EXPIRES</u>
Cassandra Carvin, D.V.M. Mohawk Valley Veterinary Services 5624 State Route 5 Herkimer, NY 13350		-	*N/A
Nicholas C. Chuff, D.V.M. German Flatts Veterinary Clinic 2717 State Route 51 Ilion, NY 13357	-	-	*N/A
David Clarke, ECI Dept of Environmental Conservation Region 6 317 Washington Street Watertown NY 13601-3787	-	-	*N/A
James T. Hays, D.V.M. Herkimer Veterinary Associates 121 Marginal Road Herkimer, NY 13350	-	-	*N/A

*Advisory Board is required by the New York State Department of Health when housing live animals at the College. Department of Health conducts inspections of the Animal Room several times a year.

Revised Fall 2018